

EXHIBIT P6

to COMPLAINT FOR INTERPLEADER

02/26/2019 TUE 15:37 FAX

001/004

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February 26, 2019

MetLife Investors USA Insurance Company
 700 Quaker Lane
 PO Box 330
 Warwick, RI 02887-0330

SENT VIA FAX ONLY
908-655-9586

RE: Estate of Lamont A. Loudenslager
Insured: Lamont Loudenslager
Policy: 958201834UM

Dear Mr. Burnosky:

Our law office represents Ms. Joyce Loudenslager as the personal representative of the Estate of Lamont A. Loudenslager. It is our understanding that Mr. Loudenslager had both a life insurance policy as well as an annuity with MetLife. Please provide our office with a copy of Mr. Loudenslager's life insurance policy as well as any beneficiary designations made on this policy.

For your convenience, please find attached a certified copy of the Letters of Administration, a copy of the death certificate and a copy of an authorization to release information. Please contact our office with any questions or concerns. Thank you.

Sincerely,

Jenna McPherson
 Attorney at Law
 BRUDVIK LAW OFFICE, P.C.

Enclosure(s)

231 9th Avenue SE • P.O. Box 547 • Mayville, ND 58257

Phone: 701.788.3251 • Fax: 701.788.4243

Mayville | West Fargo | Fargo | Hillsboro | Grand Forks | East Grand Forks, MN | Finley | Grafton | Chandler, AZ

09-2018-PR-00380

In the Matter of the Estate of Lamont A. Loudenslager, Deceased

Signed: 1/24/2019 11:22:10 AM

Judge of District Court

I hereby accept the duties of Personal Representative of the Estate of Lamont A. Loudenslager, deceased, and will perform, according to law, the duties of Personal Representative.

Joyce Loudenslager
Joyce Loudenslager

LINDSEY FROENLICH
Clerk of the District Court

By Y3 Deputy

CERTIFICATION OF VITAL RECORD

North Dakota Department of Health

Bismarck, North Dakota

Certification of Death

THIS IS TO CERTIFY THAT THERE IS ON RECORD IN THE DIVISION OF VITAL RECORDS, NORTH DAKOTA DEPARTMENT OF HEALTH, BISMARCK ND, THE FOLLOWING ENTRY OF DEATH:

DECEDENT INFORMATION

| | | | |
|--------------------------|--|--------------------|--------------------|
| NAME: | LAMONT ALLEN LOUDENSLAGER | SEX: | MALE |
| SOCIAL SECURITY NUMBER: | ██████████ 4347 | DATE OF DEATH: | SEPTEMBER 08, 2018 |
| PLACE OF DEATH: | FARGO, NORTH DAKOTA | MARITAL STATUS: | DIVORCED |
| SURVIVING SPOUSE'S NAME: | | TIME OF DEATH: | 20:47 |
| FATHER'S NAME: | WILLIAM LOUDENSLAGER | DATE OF BIRTH: | ██████████ 1954 |
| MOTHER'S MAIDEN NAME: | BONNIE ADAMS | BIRTHPLACE: | SOUTH DAKOTA |
| RESIDENTIAL ADDRESS: | ██ | U.S. ARMED FORCES: | NO |
| PLACE DEATH OCCURRED: | HOSPITAL - INPATIENT | FILING DATE: | OCTOBER 12, 2018 |
| FACILITY OR ADDRESS: | SANFORD HEALTH OF FARGO | DATE ISSUED: | OCTOBER 26, 2018 |
| | FARGO, NORTH DAKOTA | CERTIFICATE NO: | 133-18-004793 |

INFORMANT INFORMATION

| | | | |
|----------------------|--|---------------|-----|
| INFORMANT: | LANE LOUDENSLAGER | RELATIONSHIP: | SON |
| INFORMANT'S ADDRESS: | ██ | | |

DISPOSITION INFORMATION

| | | | |
|--------------------|----------------------|-----------------|-----------|
| FINAL DISPOSITION: | RIVERSIDE CEMETERY | METHOD: | BURIAL |
| | FARGO, NORTH DAKOTA | FUNERAL | |
| FUNERAL HOME: | BOULGER FUNERAL HOME | PRACTITIONER: | TIA LOPEZ |
| | FARGO, ND 58103 | LICENSE NUMBER: | 1323 |

MEDICAL CAUSE OF DEATH INFORMATION

| | | | |
|----------------------|--|-----------------|------|
| MEDICAL CERTIFIER: | MOHAMED SANALLAH, | LICENSE NUMBER: | 9551 |
| CERTIFIER'S ADDRESS: | SANFORD HEALTH OF FARGO, FARGO, ND 58122 | | |

IMMEDIATE CAUSE OF DEATH: SEPSIS
 as a consequence of > LACTOBACILLUS ENDOCARDITIS
 as a consequence of >
 as a consequence of >

CONTRIBUTING FACTORS: RENAL MASS

MANNER OF DEATH: NATURAL

MEDICAL EXAMINER CONTACTED: NO

TOBACCO CONTRIBUTED TO DEATH: NO

DATE OF INJURY:

PLACE OF INJURY:

LOCATION OF INJURY:

AUTOPSY PERFORMED: NO

DECEASED DIABETIC: NO

AUTOPSY FINDINGS AVAILABLE:

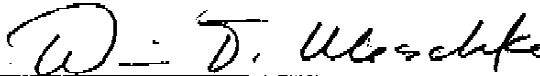
TIME OF INJURY:

INJURY AT WORK:

TRANSPORTATION INJURY:

HOW INJURY OCCURRED:

001819335



Darin J. Meschke
 State Registrar of Vital Statistics

This certificate is issued in compliance with the laws of the State of North Dakota
 (NOT VALID without raised impression seal of the North Dakota Department of Health)

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

Jenna McPherson
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 Mayville, ND 58257
 TEL (701) 788-3251
 FAX (701) 788-4243
 EMAIL: jenna@brudviklaw.com
 ATTORNEY ID NO. 08892
 Attorneys for: Personal Representative of the Estate

Probate No. 09-2018-PR-00380

IN THE EAST CENTRAL DISTRICT COURT, CASS COUNTY, NORTH DAKOTA

In the Matter of the Estate of Lamont A. Loudenslager, Deceased

AUTHORIZATION TO RELEASE INFORMATION

STATE OF SOUTH DAKOTA)
)
 COUNTY OF Minnehaha)

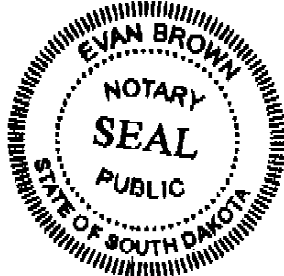
TO WHOM IT MAY CONCERN:

I, Joyce Loudenslager, as Personal Representative of the Estate of Lamont A. Loudenslager, Deceased, as evidenced by the attached copy of Letters of Administration, do hereby authorize the Internal Revenue Service, the North Dakota State Tax Commissioner, the North Dakota Motor Vehicle Department, all banks, savings and loan associations, savings banks, credit unions, financial institutions, brokerage houses, mutual funds, corporations (whether publicly traded or closely held), partnerships, limited partnerships, FSA offices, agricultural lending institutions, cooperatives and individuals to release to the Brudvik Law Office the information requested by them in the attached letter of request. I hereby release the institution, company or individual furnishing this information from any loss or liability they may otherwise incur by the furnishing of the requested information. This Authorization shall be effective immediately, and a legible copy shall be as effective as the original.

Dated this 21 day of Feb., 2019.

Joyce Loudenslager
 Joyce Loudenslager
 Personal Representative

Subscribed and sworn to before me this 21st day of February, 2019.



Evan Brown
 Notary Public
 My Commission Expires: 6-22-24